



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

March 03, 2011

Brenda Hassler
Safety-Kleen Systems Inc
3003 W Breezewood Lane
Neenah, WI 54957- 0368

BE IT KNOWN THAT

Safety-Kleen Systems Inc
5610 Alpha Dr
Boynton Beach, FL 33426- 8329

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Marketer, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)

The Department of Environmental Protection hereby issues

Registration Number **FLD984167791** on March 03, 2011

Insurance Carrier: **GREENWICH INSURANCE**

Insurance Policy #: **PEC002102004**

Insurance Ex. Date: **09/01/2011**

Transporter Type: **FH**

This registration will expire on 06/30/2012

This certificate documents receipt of your annual registration and annual report. It shall be displayed in a prominent place at your facility. This certificate and your cancelled check are your receipts.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Permitting



J. J. Keller
& Associates, Inc.®

3003 W. Breezewood Lane, P.O. Box 368
Neenah, Wisconsin 54957-0368
(920) 722-2848 • jjkeller.com

"Publishing & Services Since 1953"

January 28, 2011

Received

JAN 31 2011

BSHW

Laurie Tenace MS4555
Dept of Environmental Protection
2600 Blair Stone Road
Tallahassee FL 32399-2400

SUBJECT: Safety-Kleen Systems Inc Universal Lamp and Device Transporter renewal.

Enclosed are the 2011 Hazardous Universal Lamp renewal application and checklist for each of the Safety-Kleen Systems locations along with a copy of their Contingency Plan and a Power of Attorney.

Please process the renewals and email Brenda Hassler at J.J. Keller the new permits. Her email address is Bhassler@jjkeller.com.

If you have any questions, please call me at 800-558-5011 ext 2397.

Sincerely,

Brenda Schaffer
Brenda Schaffer
Client Service Representative

Received

JAN 31 2011

BSHW

Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400David B. Struhs
Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers which are not engaging in transport activities need not complete this form. #FLD984167791

SAFETY-KLEEN SYSTEMS, INC	5610 ALPHA DRIVE	BOYNTON BEACH FL
Facility Name	Street Address	City and State
(561)736-1339	(561)731-1696	bhassler@jtkeller.com
Phone	Fax	E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).
Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year. 6307
Types: ☒ Fluorescent ☒ HID
- Estimated number of DEVICES handled during the last calendar year. 0
Types: Thermostats Electric Switches/Relays
 Thermometers Manometers Other _____
- Estimated weight of DEVICES handled during the last calendar year. 0 lb.
- Estimated number of lamps or devices each facility received. Check the boxes for lamps ☒ (L) or devices (D). Give the facility name, location, and contact information.

6307	AERC - COM INC 4317 - L FORTUNE PL WEST MELBOURNE FL 32904	321-952-1516
Number <input checked="" type="radio"/> L <input type="radio"/> D	Facility Name	City/State Phone

Number <input type="radio"/> L <input type="radio"/> D	Facility Name	City/State	Phone
--	---------------	------------	-------

Number <input type="radio"/> L <input type="radio"/> D	Facility Name	City/State	Phone
Brenda Schaffer	JTKeller	Brenda Schaffer	JTKeller 1-24-11
Print Name of Authorized Agent	Signature of Authorized Agent	Date	

Section 2: For out-of-state transporters and transfer facilities only

1. Is your any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes X

No _____

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously _____

Submitted in What Year? _____

Brenda Schaffer Keller

Print Name of Authorized Agent

Signature of Authorized Agent

1/24/2011

Date

Complete, sign and return this checklist along with your registration form to:

Ms. Irene Gleason MS 4555
Hazardous Waste Management Section
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Ms. Irene Gleason at (850) 488-0300 or via e-mail at irene.gleason@dep.state.fl.us.

Thank you for your cooperation in providing this information.

TransChkl.doc

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☒ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☒ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)
- ☐ (3) **Recycler of Hazardous Waste** (at your facility)
Specify: ☐ Commercial; ☐ Non-Commercial.
A permit is required for storage prior to recycling.
- ☐ (4) **Exempt Boiler and/or Industrial Furnace**
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ (5) **Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities** - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.
- ☐ (6) **Underground Injection Control** - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.

(7) ☒ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**Insurance Company NATIONAL UNION FIRE INC OF PITTSBURG PA C/O LOCKTON COMPANIESAddress 717 N HARWOOD LB# 27DALLAS TX 75201Contact CARLA AYER - SK RISK MANAGEMENT Telephone 972-265-2854Policy Number MULTIPLE SEE ATTACHED Expiration date 9/1/11d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☒ **Hazardous Waste Transfer Facility:** Storage Volume 13200 GALLONS☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☒ **Annual update notification**

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☒ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☒ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☒ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	550
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	500
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	150
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1000

(3) Mercury Recovery and/or Reclamation Facility ☐ [Chapter 62-737, F.A.C.]

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☒ a. Transporter
- ☒ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor (A permit is required for this activity.)****(4) ☐ Off-Specification Used Oil Burner****(5) ☒ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Brenda Schaffer/JJ Keller
Signature of Authorized Person

BRENDA SCHAFFER/ JJ KELLER/ AUTH AGENT
Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

☐ our mailing (business) address

☒ The site (facility) address

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	D001	2	D004	3	D005	4	D006	5	D007	6	D008	7	D009
8	D010	9	D011	10	D018	11	D019	12	D021	13	D022	14	D023
15	D024	16	D025	17	D026	18	D027	19	D028	20	D029	21	D030
22	D032	23	D033	24	D034	25	D035	26	D036	27	D037	28	D038

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative**Print Name and Title****Date Signed (mm-dd-yyyy)**

Brenda Schaffer/JJ Keller Auth Agent

BRENDA SCHAFFER/JJ KELLER
Auth Agent

01-24-2011

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

BRENDA SCHAFFER/JJ KELLER/ AUTH AGENT

800-558-5011 EXT 2397

bschaffer@jjkeller.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

#10 (CONT) D039, D040, D041, D042, D043, F002, F003, F005



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/19/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA Inc.
550 South Main Street, Suite 600
Greenville, SC 29601
Attn: Greenville.certrequest@marsh.com /212-948-4388 Fax

Received

JAN 31 2011

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CONTACT

NAME:

PHONE
(A/C, No. Ext):FAX
(A/C, No):

E-MAIL:

ADDRESS:

PRODUCER

CUSTOMER ID #:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : American International Specialty Lines Ins Co

26883

INSURER B : Greenwich Insurance Company

22322

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

SAFETY-KLEEN SYSTEMS, INC. AND ITS
SUBSIDIARIES AND AFFILIATED COMPANIES
5360 LEGACY DRIVE
BUILDING 2, SUITE 100
PLANO, TX 75024

BSHW

COVERAGES**CERTIFICATE NUMBER:**

ATL-002577755-01

REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					WC STATU-TORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				OTH-ER
A	Contractors			COPS1959257	09/01/2010	09/01/2011	E.L. EACH ACCIDENT \$
	Ops & Prof Svcs						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							Each Loss 5,000,000
							Aggregate 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

DEP WASTE MANAGEMENT
DIVISION-HWRS, MS45
2600 BLAIR STONE RD.
TALLAHASSEE, FL

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

© 1988-2009 ACORD CORPORATION. All rights reserved.

DATE (MM/DD/YY)
01/19/2011

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NAIC

**SAFETY-KLEEN SYSTEMS, INC. AND ITS
SUBSIDIARIES AND AFFILIATED COMPANIES
5360 LEGACY DRIVE
BUILDING 2, SUITE 100
PLANO, TX 75024**

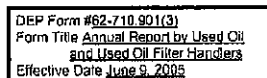
INSURER J:

Policy Covers
Pollution Legal Liability
Policy Details
Insr Ltr: B
Policy Number: PEC002102004 Eff. Dt. 09/01/2010 Exp. Dt. 09/01/2011
Limits
Each Loss : 10,000,000
Aggregate : 10,000,000

DEP WASTE MANAGEMENT
DIVISION-HWRS, MS45
2600 BLAIR STONE RD.
TALLAHASSEE, FL

**AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.**

Robert Hanna



MAR 01 2011

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent] to complete this document

~~BSHVA~~

3. EPA ID No. **FLD 984167791**

Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

d. Total (sum of totals)

Automotive	Industrial	Mixed	Total
1446571	54834		1501405
			5215
om Lines a + b + c).....			1506620

Incinerated.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State
1499540	
1499540	
	7080

A.G 3/3/11
Corrected per phone conversation
w. Ben Smith

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....	14476	
2. Number of used oil filters collected.....	1600324	
3. Total number of used oil filters to manage (1 plus 2).....	1614800	
4. Disposition of used oil filters collected:	1600324	✓
a. Transferred to another registered facility.....		
b. Burned for energy recovery at a Waste-To-Energy facility.....		
c. Transferred directly to a metal foundry for recycling.....		
d. TOTAL.....	1600324	✓
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	14476	
6. Gallons of used oil collected as a result of filter processing.....		
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....		
8. Volume of oily waste collected and managed as a result of filter processing.....		
9. Description of oily waste management.....		

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55 gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

- Enter the number of Used Oil Filters on hand, from previous year's inventory.
- Enter the number of Used Oil Filters collected.
- Enter the sum of Line 1 + Line 2.
- Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- Enter the number of filters on hand at your site as of December 31, last year.
- Fill in the number of gallons of used oil collected by your filter operation.
- Enter the number of gallons transferred to a used oil transporter or processor.
- List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
- Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/1/2010

9/1/2010

PRODUCER LOCKTON COMPANIES, LLC-N DALLAS
717 N. HARWOOD, LB#27
DALLAS TX 75201
214-969-6700

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Received

INSURED 1320096 Safety-Kleen Systems, Inc.
and all its Subsidiaries and
Affiliated Companies
5360 Legacy Dr.,
Bldg. 2, Suite 100
Plano TX 75024

JAN 31 2011

BSHW

INSURERS AFFORDING COVERAGE**NAIC #**

INSURER A: National Union Fire Ins Co Pittsburgh PA

19445

INSURER B: See Attachment

INSURER C: ACE American Insurance Company

22667

INSURER D: Everest National Insurance Company

10120

INSURER E: Illinois National Insurance Company

23817

THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

COVERAGES

SAFKL03

CI

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
LTR	INSRD					
A		GENERAL LIABILITY	0956424	9/1/2010	9/1/2011	EACH OCCURRENCE \$ 1,500,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		<input checked="" type="checkbox"/> \$500,000 SIR				PERSONAL & ADV INJURY \$ 1,500,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
A A D		AUTOMOBILE LIABILITY	2946584 (OS) 2946585 (MA) 71G5000060-101	9/1/2010 9/1/2010 9/1/2010	9/1/2011 9/1/2011 9/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ XXXXXXXX
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ XXXXXXXX
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
		<input type="checkbox"/> HIRED AUTOS				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		<input checked="" type="checkbox"/> MCS-90				
		GARAGE LIABILITY	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$ XXXXXXXX
						AUTO ONLY: AGG \$ XXXXXXXX
C		EXCESS / UMBRELLA LIABILITY	XOOG24901257	9/1/2010	11/1/2010	EACH OCCURRENCE \$ 10,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
		<input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> UMBRELLA FORM				\$ XXXXXXXX
		RETENTION \$				\$ XXXXXXXX
						\$ XXXXXXXX
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	See Attachment	9/1/2010	9/1/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT \$ 2,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
						E.L. DISEASE - POLICY LIMIT \$ 2,000,000
E		OTHER Excess Workers Compensation & Employers Liability	0910931	9/1/2010	9/1/2011	WC Statutory Limits E.L. Each Accident \$1M E.L. Disease - Ea Employee \$1M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

10813132

DEPT OF HIGHWAY SAFETY AND MOTOR VEHICLES
NEIL KIRKMAN BUILDING
2900 APALACHEE PARKWAY
TALLAHASSEE FL 32399

CANCELLATION [SKWCPOL]

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)

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For questions regarding this certificate, contact the number listed in the 'Producer' section above and specify the client code 'SAFKL03'.

Producer: Lockton Companies, LLC-N Dallas
717 N. Harwood, LB#27
Dallas, TX 75201

Page: 2

Insured: Safety Kleen Systems, Inc.
and all its Subsidiaries and
Affiliated Companies

Received

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WORKER'S COMPENSATION POLICIES

CALIFORNIA

Policy Number : 044216027

Insurer: New Hampshire Insurance Company NAIC #23841

FLORIDA

Policy Number: 044216028

Insurer: Illinois National Insurance Company NAIC #23817

TEXAS

Policy Number: 044216029

Insurer: New Hampshire Insurance Company NAIC #23841

WISCONSIN, WYOMING AND MASSACHUSETTS

Policy Number: 044216032

Insurer: Commerce and Industry Insurance Company NAIC #19410

ALL OTHER STATES

Policy Number: 044216026

Insurer: New Hampshire Insurance Company NAIC #23841

EXCESS WORKERS COMP:

Policy #: 0910931 (CA, IN, LA, MI, MO, OH, PA & WA)

Insurer: Illinois National Insurance Company NAIC #23817

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**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Form Approved
OMB No. 2125-0074

BSHW

Issued to Safety-Kleen Systems, Inc. of 5360 Legacy Drive, Plano, TX 75024

Dated at _____ this 09th day of Sep 20 10

Amending Policy No. 2946584 Effective Date 09/01/2010

Nat'l Union Fire Insurance Co of Pittsburgh

Name of Insurance Company 100 Colony Square Ste 900, 1175 Peachtree Street, NE, Atlanta, GA 30361

Telephone Number 5555555555 Countersigned by _____

Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by, "X" for the limits shown:

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 3,000,000.00 for each accident.
☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ N A for each accident.
 in excess of the underlying limit of \$ N A for each accident.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date. The telephone number to call is: 4048532630

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions which result in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

ENVIRONMENTAL RESTORATION means restitution for the loss,

damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

PUBLIC LIABILITY means liability for bodily injury, property damage and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation,

maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the

payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.
THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE.
 The limits shown in the schedule are for information purposes only.

OPERATIONS

Received

JAN 31 2011

BSHW

Purpose:

Division/Department: Transportation
Procedure: O220-002_OC220-002
Revision: 9
Revision Date: March 15, 2010
Supersedes: July 16, 2009
Issue Date: 5/22/95
Page: 1 of 20
Approved: Rex Dillabough/Bill Ross/Frank Wagner
PROPRIETARY AND CONFIDENTIAL

This procedure provides instructions to all U.S. and Canadian Safety-Kleen truck/route drivers (Over-the-Road and Route drivers, A/C, O/C, Transflo (BIDS) locations, etc.) regarding actions to be taken in the event of a transportation-related incident.

Scope:

This procedure applies to all Safety-Kleen truck/route drivers (Over-the-Road, Route, A/C, O/C, etc.) in the U.S. and Canada.

Responsibilities:

Facility Manager (Branch A/C, O/C, D/C Managers)

Facility Managers will be responsible for implementing this procedure when incidents involving transportation occur, completing any accident reports deemed necessary and assisting EHS Managers with their investigation.

Truck/Route Drivers

Truck Drivers are responsible for knowing the procedures to be followed in the Contingency Plan and implementing the plan in the event of an incident, (specific actions to be taken by drivers are addressed below in the procedures).

Environmental Health and Safety (EHS) Managers/ Transportation Compliance Managers

After being contacted by Infotrac, EHS Managers, in conjunction with the Transportation Compliance Managers, are responsible for consulting with the drivers to assist them with clean-up of incidental releases; determining whether an emergency Regulatory ID Number is necessary prior to moving clean-up materials and wastes from the site; ensuring the contaminated equipment used in the clean-up is decontaminated; determining whether notifications to regulatory agencies are required and who should make the notification; determining whether written reports to regulatory agencies are required; and notification of the Safety-Kleen Non-Conforming Waste Specialist as appropriate.

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2. Secure Site

- a) **Ensure that there is No Smoking in the incident area.**
- b) While maintaining a safe distance from the spill, prevent access to individuals not familiar with the hazards of the material released.
- c) If the incident involves vehicles, erect safety reflectors (as required by U.S. Department of Transportation (DOT) or Canadian Federal or Provincial Transportation Regulations).

BSHW

3. Assess the Situation **Only if it is safe to do so**

- a) Review the shipping papers, manifests, placards, S-K prequalification documents, or service documents to identify the material(s) released and their hazards.
- b) Estimate the quantity of material(s) released.
- c) Identify the source and location of the release.
- d) Evaluate the extent of property damage or injuries, and determine whether it is safe to approach the injured.
- e) For incidents in the U.S. and Canada, consult the Emergency Response Guidebook (ERG). The ERG provides basic hazard information regarding released materials.

4. Determine if there is an "incidental" or "significant/non-incidental" release

- a) An **incidental release** is a release which:

- i. Has not reached the environment (soil or surface water); **and**
- ii. Is a small quantity of a known material; **and**
- iii. The driver has knowledge of the potential hazards of the material, and the protective precautions and equipment to use to safely address the release; **and**
- iv. Release from the source can be stopped by the driver alone (no assistance needed); **and**
- v. Adequate equipment is readily available in the truck spill kit or at the incident site to protect the driver, and contain and clean up the released material.

b) ACTION TO BE TAKEN IF THE INCIDENT IS AN "INCIDENTAL RELEASE":

- i. Review the emergency information to determine proper protective equipment.
- ii. Do not jeopardize your personal safety at any time.
- iii. Don the protective equipment before approaching the incident area.
- iv. If possible, stop the source and migration of the release (close valve, upright drum, cover any storm drains, etc.).
- v. **Conduct the immediate notification procedure noted in Section 5 below.**
- vi. After consultation with the EHS Manager, clean up the release.
- vii. The EHS Manager must determine if an emergency Regulatory ID number is necessary prior to moving clean-up materials and waste from the site.
- viii. All contaminated clean-up equipment and sorbent is to be placed in a container and secured on the truck for return to the vehicle's base facility.
- ix. Ensure that all equipment is decontaminated in accordance with the facility Contingency Plan, and the spill kit is re-stocked.
- x. See Section 9 for required spill kit items.

- c) A **significant release** is a release which does not meet the definition of incidental release as defined above in "a".

6. Vehicle Accidents

Notify your immediate supervisor. If there is property damage or injuries, request that your supervisor contact an S-K insurance representative as soon as possible. (Refer to Accident and Injury Claims Reporting Procedures O310-002 or Canadian Accident and Injury Claims Reporting Procedures OC310-002).

Facility Managers should consult your **Regional Transportation Compliance Manager** to ensure proper notifications are made, and drug and alcohol tests are completed, if required.

7. Reporting and Follow-up Notification

- a) The Safety-Kleen **EHS Manager** will determine whether the following notifications are required, and if so who should make the notification:
 - i. U.S. Only: National Response Center;
 - ii. Canada Only: 30 Day Notification to the Director General, Transportation of Dangerous Goods for "dangerous goods incidents" (See TDG Part 8).
 - iii. State Emergency Response Commission or Provincial authority;
 - iv. Local Emergency Planning Committee (Canada equivalent if applicable); and
 - v. Emergency Contractor.
- b) Do not make these notifications without first consulting with the EHS Manager identified by Infotrac.
- c) **A Safety-Kleen Incident Report Form must be completed whenever an incident has occurred (For Incident Report Form procedures, See Procedure for Incident Report Form O220-001, OC220-001).**
- d) When the incident occurs in the US, a **USDOT Spill Report** (Form 5800.1) must be completed for most releases of hazardous materials and any quantity of hazardous waste, while the material is in the course of transportation, including loading, unloading, and temporary transport.

Infotrac is responsible to confirm with the Transportation Compliance Department whether, or not, the incident requires the DOT report to be filed. If the incident is reportable, Infotrac will complete the report. The driver must provide Infotrac with the information needed to complete the form.

8. DOT Shipping descriptions for Materials Most Likely to be Released or Need Alternate Transportation

The Table below provides shipping descriptions for the materials most commonly transported **by SK drivers**. Following the table is information on the management of contaminated oil and vac wastes.

Consult with the EHS Manager to determine whether additional written reports are necessary to the State/Provincial Environmental Agency, U.S. National Response Center, State Emergency Response, or local Emergency Response (and equivalent Canadian Agencies).

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PRODUCT/ MATERIAL	DOT DESCRIPTION	EPA CODES	TDG DESCRIPTION
SPILL CLEANUP AND REMEDIATION DEBRIS FROM WASTE SPILLS			
GUN CLEANER PRODUCTS			
Gun Wash	UN3175, RQ Waste, Solids Containing Flammable Liquids, n.o.s. (Toluene, Xylene), 4.1, PGII (D001), (ERG# 133)	F005, D039, D040 F003, D001, D018, D035	WASTE SOLIDS CONTAINING FLAMMABLE LIQUIDS, N.O.S. (toluene, xylene), 4.1, UN3175, PGII (ON263H)
Heavy Duty Aqueous Cleaner	Non Regulated Solid	NONE	Non-TDG Regulated Solid

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Photo Wastes	NA 3077, Hazardous Waste Solid, n.o.s. (Silver), 9, PGIII, (ERG# 171)	NONE	Non-TDG Regulated Solid
SKOS and SKVS (uncontaminated; see below for instruction for contaminated loads)	Non Regulated Solid (Used oil)	NONE	Non-TDG Regulated Solid (Used oil)
CORE WASTES			
Used Aqueous Brake Cleaner	NA3077, Hazardous Waste Solid, n.o.s. (Tetrachloroethylene), 9, PGIII (ERG#171)	D039	Non-TDG Regulated Solid (Used Aqueous Brake Cleaner and Debris) (ON263T)
Used Immersion Cleaner	NA3077, Hazardous Waste Solid, n.o.s. (Lead, Tetrachloroethylene), 9, PGIII (ERG# 171)	D006, D008, D018, D027, D038, D039, D040	WASTE CORROSIVE SOLID, BASIC, ORGANIC, N.O.S. (monoethanolamine), 8, UN3263, PGIII (ON263T)
Used 105 Parts Washer Solvent and Bulked 105 and 150 Solvent Mixtures	UN3175, RQ, Waste, Solids Containing Flammable Liquids, n.o.s. (Petroleum Naphtha, Benzene), 4.1, PGII, (D001), (ERG# 133)	D001, D018, D039, D040	WASTE SOLIDS CONTAINING FLAMMABLE LIQUIDS, N.O.S. (petroleum naphtha, benzene), 4.1, UN3175, PGII (ON263T)
Used 150 Parts Washer Solvent	NA3077, Hazardous Waste Solid, n.o.s. (Petroleum Naphtha, Tetrachloroethylene), 9, PGIII (ERG# 171)	D039, D040	Non-TDG Regulated Solid (Used Parts Washer Solvent and Debris) (ON263T)
Used Paint Gun Cleaner and Other Paint Wastes	UN3175, RQ, Waste, Solids Containing Flammable Liquids, n.o.s. (Methyl Ethyl Ketone, Benzene), 4.1, PGII (D001), (ERG# 133)	F005, F003, D001, D018, D035, D036, D038, D039, D040	WASTE SOLIDS CONTAINING FLAMMABLE LIQUIDS, N.O.S. (methyl ethyl ketone, benzene), 4.1, UN3175, PGII (ON263H)
Dry Cleaner Bottoms (Perc)	NA3077, Hazardous Waste Solid, n.o.s. (tetrachloroethylene), 9, PGIII, (ERG# 171)	F002, D007, D039, D040	WASTE TOXIC SOLID, ORGANIC, N.O.S. (tetrachloroethylene), 6.1, UN2811, PGIII (ON263H)
Dry Cleaner Separator Water (Perc)	NA3077, Hazardous Waste Solid, n.o.s. (tetrachloroethylene), 9, PGIII, (ERG# 171)	F002, D039, D040	WASTE TOXIC SOLID, ORGANIC, N.O.S. (tetrachloroethylene), 6.1, UN2811, PGIII (ON263H)
Dry Cleaning Bottoms, Separator Water and Filters (Naphtha)	UN3175, RQ, Waste, Solids Containing Flammable Liquids, n.o.s. (naphtha, Tetrachloroethylene), 4.1, PGII (D001), (ERG# 133)	D001, D007, D039, D040	WASTE SOLIDS CONTAINING FLAMMABLE LIQUIDS, N.O.S. (naphtha, tetrachloroethylene), 4.1, UN3175, PGII (ON263H)

In the unlikely event that Used Oil is found to be contaminated with Hydrogen Sulfide, the material must be classified as follows:

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- > If the concentration of hydrogen sulfide detected in the headspace of a used oil cargo tank is less than 500 ppm, the following description should be used:

Environmentally hazardous substances, liquid, N.O.S. (hydrogen sulfide) 9, UN 3082, PG III

- > If the concentration of hydrogen sulfide detected in the headspace of a used oil cargo tank is greater than or equal to 500 ppm, the following shipping description should be used:

**Toxic Liquids, Organic, n.o.s. (Hydrogen Sulfide)
6.1 UN2810, PG I, Poison Inhalation Hazard Zone B**

In addition, this material must be shipped in a MC 330 or MC 331 with no bottom outlet valve and properly designed and insulated in accordance with 49 CFR 173.315.

a. Used Oil and Vac Services Wastes Contaminated with Polychlorinated Biphenyls (PCBs)

In instances where used oil is contaminated with PCBs, the material must be classified as follows:

- > PCB concentration greater than 20 ppm and less than 50 ppm:
RQ Environmentally hazardous substances, liquid, n.o.s. (polychlorinated biphenyls), 9 UN3082, PG III (PCBs)
- > PCB concentration greater than 50 ppm: **RQ
Polychlorinated biphenyls, liquid, 9, UN2315, PG III**

a. Used Oil and Vac Services Wastes Contaminated with Caustics/Acids

The shipping description below can be used for oils contaminated with bases. If the caustic chemical is known, the name can be substituted as the technical descriptor.

- > If the pH of the used oil is greater than or equal to 12, the DOT description is:

40 CFR 279 Exempt:

Corrosive liquid basic, organic, n.o.s. (sodium hydroxide), 8, UN3267, PG II (ERG# 153)

Hazardous Waste:

**RQ Waste, Corrosive liquid, basic, organic, n.o.s. (Sodium Hydroxide), 8
UN3267, PGII (D002), (ERG# 153)**

EPA codes: D002

- > If the pH of the used oil is less than or equal to 3:

The shipping description below can be used for oils contaminated with acids. If the acidic chemical is known, the name can be substituted as the technical descriptor.

STATE	AGENCY	NUMBER	COMMENTS
Alabama	Department of Emergency Management Agency	(800) 843-0699 or (205) 280-2312	A copy of DOT 500.1 must also be sent to the Alabama Department of Environmental Management, P.O. Box 301463 Montgomery, AL, 36130
	HazMaterial Helpline U.S. Coast Guard	(800) 451-6027	In State
	U.S. Coast Guard	(251) 441-5286 (mobile)	
	Department of Public Safety	(334) 242-4378	7: 00 AM - 5: 00 PM Monday-Friday
	Department of Environmental Management	(334) 271-7700	
	ADEM Mobile Field Office	251-450-3400	
<div>Received</div> <div>JAN 31 2011</div> <div>BSHW</div>			
Arizona	Department of Public Safety Duty Officer	(602) 223-2212	
	Department of Environmental Quality	(800) 234-5677	
Arkansas	Hazardous Waste Division	(501) 682-0833	
California	Department of Toxic Substances	(916) 324-2430	
	Office of Environmental Affairs	(916) 322-7236	
	Office of Emergency Services	(916) 262-1620	
Colorado	Waste Management Division	(877) 518-5608	
Connecticut	State Patrol Department of Environmental Protection	Nearest Office (860) 424-3338	Oil and Chemical Spill Section
	Department of Public Safety	(860) 685-8441 (860) 685-8190	After Hours
Delaware	Department of Natural Resources 24 Hour Complaint and Spill Notification Line	(800) 662-8802	In State
	Air and Waste Division	(302) 739-9401 911	
District of Columbia	Hazardous Waste Management Branch	(202) 727-6161	

STATE	AGENCY	NUMBER	COMMENTS
Massachusetts	Department of Environmental Protection	(617) 556-1133 (Boston Area Only)	24 hours
		(888) 304-1133	24 hours
	DEP Central:	(508) 792-7650	
	DEP Northeast:	(978) 661-7600	
	DEP Southeast:	(508) 946-2700	
	DEP Western:	(413) 784-1100	
	State Police	(508) 820-2300	
	Bridgewater MA - Fire	(508) 697-0900	
	Bridgewater MA - Police	(508) 697-6118	
	Salisbury MA - Fire	(978) 462-2411	
	Salisbury MA - Police	(978) 462-9333	
	West Brookfield MA - Fire	(508) 867-1408	
	West Brookfield MA - Police	(508) 867-1405	
Michigan	Department of Environmental Quality Helpline	(517) 373-2730	8:00 AM - 5:00 PM
	Michigan Pollution Emergency Alerting System (PEAS)	(800) 292-4706	24 hours for Spills or Emergencies
Minnesota	Division of Hazardous Waste	(651) 649-5451 (800) 422-0798	
Mississippi	Department of Environmental Quality	(601) 961-5171	
	Public Service Commission	(601) 961-5439	
Missouri	Department of Natural Resources	(573) 634-2436	
	Emergency Response	(573) 526-3349	Non-emergency

Transportation Contingency Plan

STATE	AGENCY	NUMBER	COMMENTS Received
Ohio	Ohio EPA Emergency Response	(800) 282-9378	JAN 31 2011
Oklahoma	Waste Management Division Emergency Reporting	(405) 271-5338 (800) 522-0206	BSHW
Oregon	Oregon Emergency Response System	(800) 452-0311 (503) 229-5696	General information
	Public Utility Commission	(503) 376-6889	
Pennsylvania	Department of Environmental Protection	(717) 787-4343	24 hours
	Department of Emergency Management Agency	(717) 651-2001 (800) 424-7362	24 hours
	Local Police and Fire Departments	911 or Operator	
Rhode Island	Department of Environmental Management	(401) 222-2797 (401) 222-2284	Business hours
South Carolina	Department of Health and Environmental Control	(803) 253-6488	24 hours
South Dakota	Department of Water Environment and Natural Resources-Waste Management Program	(605) 773-3153	
Tennessee	Tennessee Emergency Management Administration (TEMA)	(615) 741-0001 (800) 262-3300	
Texas	Natural Resource Conservation Commission Industrial and Hazardous Waste Division	(800) 832-8224	
Utah	Department of Environmental Quality	(801) 538-6170	Business hours
	Remedial Response	(802) 536-4123	
Vermont	Hazardous Management Program	(802) 241-3888	Business hours
	State Police	(802) 244-8775	After hours

PROVINCE/ TERRITORY	AGENCY	NUMBER	COMMENTS
Alberta		Local Police	Received JAN 31 2011 BSHW
British Columbia	Provincial Emergency Program (PEP)	(800) 663-3456 or Local Police	
Manitoba		Local Police or Fire Brigade or (204) 945-4888	
New Brunswick		Local Police or 1-800-565-1633	
Newfoundland		Local Police or (709) 772-2083	
Northwest Territories		(403) 920-8130	
Nova Scotia		Local Police or 1-800-565-1633 or (902) 426-6030	
Ontario		Local Police	
Prince Edward Island		Local Police or 1-800-163-3565	
Quebec		Local Police	
Saskatchewan		Local Police or 1-800-667-7525	
Yukon		(403) 667-7244	



Received

JAN 31 2011

BSHW

To Whom It May Concern:

RE: DRIVERS/HAZMAT EMPLOYEES SUBJECT TO TRAINING AND RE-CERTIFICATION

The purpose of this memo is to certify that all drivers, subject to the Code of Federal Regulations Title 49 Parts 100-185 and Parts 381-399 are required to be trained and tested in the following areas as required:

General Awareness and Familiarization Function Specific

Safety
Security Awareness
In-Depth Security
Carriage by Public Highway (Drivers Only)

This training is required to be conducted within 90 days of the hazmat employee being hired or a change in job function.

Hazmat employees are also subject to recurring training every three years.

A record of the training, containing the below described information may be found in the employee's file:

The employee's name
Training completion date
Description of the training materials used
Name and address of the trainer
Certification that the employee was trained and tested as required

Any questions regarding the training program may be sent to Rex Dillabough at: rex.dillabough@safetykleen.com or he may be reached at 972-265-2335.

Director of Transportation Compliance
Safety-Kleen Systems, Inc
5360 Legacy Drive, Building 2, Suite 100
Plano, Texas 75024
972.265.2000

All drivers will carry the latest version of the DOT Emergency Response Guidebook in their vehicles at all times when transporting hazardous wastes.

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J. J. Keller
& Associates, Inc.
Since 1953

Mailing Address:
P.O. Box 368
Neenah, WI 54957-0368
Remittance Address:
P.O. Box 672
Neenah, WI 54957-0672
www.jjkeller.com

POWER OF ATTORNEY LICENSES, PERMITS, TAXES, REPORTS

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State of Texas
County of Collin

KNOW ALL MEN BY THESE PRESENTS that Safety-Kleen Systems Inc

, an Corporation (Individual, Partnership or Corporation) having an office at 5360 Legacy Drive Building 2 Suite #100 Plano TX 75024, acting through the undersigned does hereby designate and appoint **J. J. KELLER & ASSOCIATES, INC.**, a Corporation with offices at 3003 W. Breezewood Lane, Neenah, WI as Attorney-In-Fact for the said Safety-Kleen Systems Inc

for the following limited and special purposes:

To obtain, complete, execute, renew, and deliver applications for fuel, highway use tax, reciprocity, mileage, over dimensional and similar permits, licenses, titles, and apportioned licenses of the states of the United States and provinces of Canada in which motor vehicles for the carriage of goods or passengers are operated or intended to be operated by Safety-Kleen Systems Inc
and

To obtain, complete, execute, renew, and deliver applications for private, exempt, or intrastate authority with the various state commissions and/or file authority as granted by the Federal Highway Administration with the various state commissions in which motor vehicles for the carriage of goods or passengers are operated or intended to be operated by Safety-Kleen Systems Inc
and

To prepare, execute, and deliver fuel tax, mileage tax, ton-mile tax, and apportioned reports required to be filed with the states of the United States and provinces of Canada, and provide audit representation for those taxes and reports.

This **POWER OF ATTORNEY** is restricted and limited to the matters specifically set forth herein for the term beginning July 28, 2008

IN WITNESS WHEREOF Safety-Kleen Systems Inc

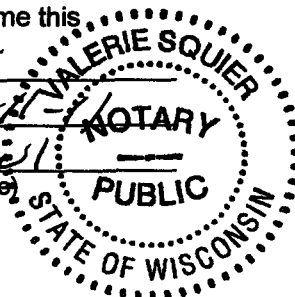
has caused these presents to be executed by a duly authorized officer or owner hereto this _____ day of Sept 23, 2008

Sworn to and subscribed before me this

23 day of 9-08

My commission expires 9-1-11

Winnebago (County) Wis (State)



[Signature]
(Company Authorized Signature)

Virgil W Duffie III/Assistant Secretary
(Printed Company Authorized Name and Title)

[Signature]
(Notary Public Signature)

AFFIX SEAL HERE